## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	below or directed otherwise	in Block 1, by (a	a) specifying	a new correspondence	e address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Her Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
001444 75	90 03/21/2006			nave its own				
624 NINTH STRE SUITE 300	·			I hereby certi States Postal addressed to transmitted to	ify that thi	ificate of Mailing or Trans s Fce(s) Transmittal is bein ith sufficient postage for fir Stop ISSUE FEE address O (571) 273-2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
WASHINGTON, I	OC 20001-5303						(Depositor's name)	
							(Signature)	
				<u> </u>			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/763,369 05/22/2001			Daniel Zagury			ZAGURY3A	9905	
FITLE OF INVENTION: N	IETHOD FOR DETERMINI	NG PROGNOSIS	OF HIV INF	ECTED INDIVIDUA	LS			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE ·	PUBLICATION F	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	)	\$0		\$700	06/21/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
PARKIN, JEFFREY S 164				435-005000				
I. Change of correspondence I.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
	RESIDENCE DATA TO B						,	
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	an assignee is identified be 37 CFR 3.11. Completion of EE	low, no assignee of this form is NO	data will app T a substitute (B) RESIDE	ear on the patent. If a for filing an assignment of the STA	an assigne nt.	e is identified below, the d GGG TIPEYENE2 0000010	ocument has been filed for <b>09763369</b>	
NEOVACS S.A.			Paris, France 01 FC:2501			700.00 OP		
Please check the appropriate	e assignee category or categor	ries (will not be pr	inted on the p	atent): 🔲 Individua	ial 🗆 Cor	poration or other private gro	oup entity Government	
Aa. The following fec(s) are enclosed:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
_ ` '	(from status indicated above MALL ENTITY status. See		☐ b. Applic	ant is no longer claimi	ing SMAL	L ENTITY status. Sec 37 CI	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issu sublication Fee (if required) words of the United States Pate	e Fee and Publica vill not be accepted nt and Trademark	tion Fee (if and I from anyone Office.	y) or to re-apply any period of the control of the	previously ant; a regis	paid issue fee to the applica tered attorney or agent; or th	tion identified above. se assignee or other party in	
Authorized Signature				Date		5/8/06		
Typed or printed name _	Allen C. Yı	ın	****	Regis	stration No	. 137,971		
in application. Confidential submitting the completed a his form and/or suggestion: Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT 1.1450. tion Act of 1995, no persons	122 and 37 CFR D. Time will vary ould be sent to the SEND FEES OR (	1.14. This col depending up Chief Inform COMPLETED	lection is estimated to son the individual case nation Officer, U.S. Pa FORMS TO THIS A	take 12 m e. Any con atent and T ADDRESS.	inutes to complete, includin innents on the amount of tir rademark Office, U.S. Depa SEND TO: Commissioner i	g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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